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APPLICANTS

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**** CONTINUING DATA ******* *none Akw*

**** FOREIGN APPLICATIONS ******* *none Akw*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
**** 12/12/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 9	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i>				
Verified and Acknowledged <i>Amber R. Rader</i> <i>Akw</i> Examiner's Signature Initials				

ADDRESS

Merchant & Gould P.C.
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TITLE

Airway implant and delivery tool and kit

FILING FEE RECEIVED 456	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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